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Jonathan A. Platt Nineteenth Floor 1621 Euclid Avenue Cleveland, OH 44115-2191



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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Jonathan A. Plant	(Depositor's name)
Jeth-Colles	(Signature)
Wovember 7, 2003	(Date)

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	APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
•	10/015 061	12/11/2001	Pyong K. Park	PD00W009	7217	

TITLE OF INVENTION: ELECTROMAGNETIC COUPLING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	****** \$1330.00	\$300	\$1830.00 \$1630.00	11/13/2003
EXAMI	NER	ART UNIT	CLASS-SUBCLASS	,	
GLENN, KIN	MBERLY E	2817	333-026000		
CFR 1.363).  Change of correspond Address form PTO/SB/1	ence address or indication of ence address (or Change of 22) attached. ion (or "Fee Address" Indic or more recent) attached. U	Correspondence the correspondence sation form	For printing on the patent five names of up to 3 registered ragents OR, alternatively, (2 ngle firm (having as a mer torney or agent) and the nagistered patent attorneys or a listed, no name will be printed	d patent attorneys 2) the name of a mber a registered ames of up to 2 gents. If no name	r, Otto, Boisselle ar, LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY)

(A) NAME OF ASSIGNEE

Raytheon Company

## Waltham, Massachusetts

Please check the appropriate assignee category or categories (will not be printed on the patent)		☐ individual	₫ corporation or other private group entity	government □	
4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):				
XIssue Fee	X A check in the amount of the fee(s) is enclosed.				
X Publication Fee	☐ Payment by credit card. Form PTO-2038 is attached.				
<b>X</b> Advance Order - # of Copies 2 @ \$3.00	X The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number $18-0988$ (enclose an extra copy of this form).				

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(Authorized Signature) Ionathan A. Platt, (Date) Reg. No. 41,255	11/7/03
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MOTE: The Issue Fee and Publication Fee (if required) will not be	accepted from anyone
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11/14/2003 WASFAW2 00000042 10015061

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